

Attachment C —Benefit Plan

Health Benefit Plans

State Plan Services	Existing Medicaid Benefit in Michigan	Medicaid Adult Benefits Waiver
Inpatient Hospital Medical/Surgical	Covered	Covered** A case rate will be paid on a per admission basis.
Outpatient Hospital	Covered	Covered
RHC & FQHC Prospective Payment System Rate	Covered	
Lab & X-ray	Covered	Covered
Nurse Practitioner	Covered	Covered (\$3 Copay for office visits)
Nursing Facility & Home Health for Beneficiaries 21 and Older	Covered	
EPSDT for beneficiaries Under 21	Covered	(Children are not covered in this group since they would be eligible for Healthy Kids or MICHild.)
Family Planning	Covered	Covered
Physician	Covered	Covered (\$3 Copay for office visits)
Nurse Midwives	Covered	(Pregnant women are not covered in this group since they would be eligible under Healthy Kids.)
Maternity Services	Covered	(Pregnant women are not
Ambulance	Covered	Covered
Podiatrist	Covered (\$2 Copay)*	
Optometrist	Covered (\$2 Copay)	
Chiropractor	Covered (\$2 Copay)*	
Other Practitioner	Covered	
Dental	Covered (Nominal Copay)*	
Physical Therapy	Covered	
Occupational Therapy	Covered	
Speech, Hearing & Language Disorders	Covered	
Prescribed Drugs	Covered (\$1 Copay)	Covered (Preferred Drug List; \$1 co-pay per prescription***
Medical Supplies	Covered	Covered (Limited Coverage)
Dentures	Covered (Nominal Copay)*	
Prosthetic/Orthotics	Covered	

July 27,2004

--	--	--	--

Attachment C—Benefit Plan

Evenllasses	Covered	
Hearing Aids	Covered (\$3 Copay)*	
Diagnostic	Covered	Covered
Rehabilitative	Covered	
ICF for Mentally Retarded	Covered	
Inpatient Psych for Beneficiaries Under 21	Covered	
Nursing Facility for Beneficiaries Under 21	Covered	
Hospital Emergency Department Services	Covered	\$25 copay for services that do not result in an admission****
Personal Care	Covered	
Transportation	Covered	
Case Management	Covered	
Hospice Care	Covered	
Respiratory Care	Covered	
Mental Health	Covered	Covered (Services Provided through the CMHSP)
Substance Abuse	Covered	Covered (Services Provided through the CMHSP)

"Services for beneficiaries age 21 and over are no longer covered effective October 1,2003.
**Coverage of the inpatient hospital benefit for ABW beneficiaries to be terminated with a planned effective date of October 1,2004.
***Prescription drug co-payment equivalent to Medicaid program with planned effective date of October 1,2004.
****Required co-payments for emergency room services to be terminated with a planned effective date of October 1,2004.

July 27,2004

--	--	--	--